

LANCASHIRE COUNTY COUNCIL

LANCASHIRE



COUNTY COUNCIL

HEALTH DIVISION No. 16

ANNUAL REPORT

of the

Divisional Medical Officer

for the Year


1956

LANCASHIRE COUNTY COUNCIL
HEALTH DIVISION No. 16

With the
Divisional Medical Officer's
Compliments

Divisional Health Office,
5 Queens Road,
Urmston,
Nr. Manchester.

Telephone : Urmston 2216



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LANCASHIRE COUNTY COUNCIL

DIVISIONAL HEALTH COMMITTEE NO. 16

ANNUAL REPORT

of the

DIVISIONAL MEDICAL OFFICER

for the year

1956

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W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.

Divisional Medical Officer

Divisional Health Offices,
5, Queens Road,
Urmston.

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LANCASHIRE COUNTY COUNCIL

DIVISIONAL HEALTH COMMITTEE NO. 16

Ex-officio Members:

County Alderman H. Lord, M.B.E., J.P.
(Chairman; County Health Committee)
County Alderman W.J. Throup
(Deputy Chairman; County Health Committee)

County Council (six representatives)

County Councillor R. Walsh
E. Hall, Esq., J.P.
H.P. Ash, Esq.
G.H. Carnall, Esq.
Mrs. M. Horner, M.B.E.
Dr. B. Lee

Stretford Borough Council (six representatives)

Alderman Dr. J. Robinson, J.P.
Councillor W. Berry (from June, 1956)
Councillor T. Davies, J.P. (Deputy Chairman)
Councillor Mrs. B. Davison, J.P.
Councillor Mrs. A. Kirkbright
Councillor J.P. Morrison
Councillor Mrs. J.F. Reeve, J.P. (Deceased January, 1956)

Urmston Urban District Council (four representatives)

Councillor N. Heywood
Councillor Mrs. R.V. Royle-Higginson, J.P.
Councillor Mrs. A.M. Wilkinson
Councillor W. Wroe, J.P. (Chairman)

Stretford Divisional Executive for Education (one representative)

Councillor Mrs. E.M. Macpherson, J.P. (To June, 1956)
Councillor Mrs. O.S. Raby (From June, 1956)

Divisional Executive for Education No.21 (one representative)

T.A. Farrell, Esq.

West Manchester Hospital Management Committee (two representatives)

County Councillor F.W. Heap
County Councillor Mrs. K. Lowe, J.P.

Co-opted Members (three)

Mrs. A.M. Hicks
Rev. A. Noble
Mrs. M. Sewell

County Medical Officer of Health

S.C. GAWNE, M.D., B.S., M.R.C.S., D.C.H., D.P.H.
(Barrister-at-Law)

Divisional Medical Officer:

W. SHARPE, B.Sc., M.B., Ch.B., D.P.H.

(also Medical Officer of Health for the
Borough of Stretford
and
Urban District of Urmston)

Assistant Divisional Medical Officers:

BARBARA M. KNIGHT, M.B., Ch.B., D.P.H.

MARJORIE T. DARE, M.B., Ch.B., D.P.H.

J.N. DOBSON, M.B., Ch.B., D.P.H.
(Resigned 31st October, 1956)

Senior Administrative Officer

W.G. COLLINS.

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Divisional Health Offices,
5, Queens Road,
Urmston.

To the Chairman and Members of
Divisional Health Committee No.16.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting my Annual Report on
The Divisional Health and Welfare Services for the year 1956.

The year under review has been one of steady expansion
of practically all services administered by the Divisional
Health Committee. Perusal of the statistical part of the
report will show where and to what extent changes have
occurred.

VITAL STATISTICS

The birth rate at 15.8 and death rate at 12.6 per thousand
population show little change from the previous year and are
sufficiently near the National Averages for England and Wales of
15.1 and 11.7 respectively, as to require no comment.

The infant mortality rate at 35.69 per thousand live
births shows a marked increase over the rate for the previous
year which was 24.56 and is considerably above the National
average for England and Wales, of 23.8 per thousand live births.
This increase in the Infant Mortality Rate is most disappointing,
but it should not however be got out of perspective, since
considerable annual fluctuations are likely to occur in popul-
ations of 100,000. Nevertheless, we must not be too complacent
regarding the infant death rate which still shows room for
considerable improvement. We cannot of course expect further
spectacular improvement in this field such as has been achieved
in the first half of the present century, since we have now
reached the point where the law of diminishing returns must
operate very strongly. It is as well to remember the strides
that have been taken during the past 50 years in this field.
In 1900 the infant mortality rate for the division was approxi-
mately 148 per thousand live births, and this had been reduced
to 60 per thousand by 1935 and to 25 per thousand by 1950.

If any further reduction is to be made in the number of
infant deaths, it is obvious that the chief effort must be
concentrated in improving the care afforded to the expectant
mother, since out of a total of 60 infant deaths recorded, 21
died during the first day of life and no fewer than 43 or 72%,
died during the first four weeks after birth. This high
neo-natal mortality would indicate that ante-natal care is
inadequate, and if this is so, it is extremely difficult to
pinpoint the reasons for this inadequacy. There is no insuffi-
ciency of facilities available to the expectant mother, since
she may receive ante-natal care from :-

- (a) Her family practitioner
- (b) Domiciliary midwife
- (c) Local Authority Clinic
- (d) Hospital Clinic

or from any combination of these.

It may be that the superfluity of services available is their undoing and the expectant mother having so many stools to choose from falls between them, and so does not receive the necessary care. To overcome this difficulty, the responsibility for seeing that satisfactory ante-natal supervision is given to all expectant mothers ought to be placed squarely on the shoulders of one authority, and the Local Health Authority by reason of its domiciliary services are obviously the most suitably equipped to undertake this task. Much work of course is already done in this direction by the Health Visiting staffs, but this could be improved considerably by better liaison amongst the three branches of the Health Service.

It would of course greatly facilitate the work of the Local Health Authority in this field of maternal care, if some system of compulsory confidential notification of pregnancy could be introduced. This has been canvassed before and I appreciate how repugnant any such compulsion can be to the ardent exponents of a free society, but if, as I believe, it would help to achieve results in reducing the existing high neo-natal death rate, then a very strong case can be made for its introduction.

CARE OF MOTHERS AND YOUNG CHILDREN

CHILD WELFARE CENTRES:

All seven centres in the division continue to be well attended, and it is interesting to note that the average number attending shows an increase over the previous year at all centres, save one where the figure is the same as for 1955. A breakdown into age groups shows that the number of children over two years of age attending continues to decline, but this is more than offset by the increase in the number of infants and toddlers.

It is encouraging to note that this is the first year since the introduction of the National Health Service Act in 1948, that attendances have shown an upward trend.

ANTE-NATAL CLINICS:

The work carried out at the ante-natal clinics shows a very marked increase over the previous year, due chiefly to the referral by the Hospital Authorities to Local Authority Clinics of those expectant mothers who would have a considerable distance to travel in order to obtain ante-natal supervision at Hospital Clinics. This arrangement has worked very satisfactorily and is of course a great convenience to the mothers concerned.

RELAXATION CLINICS:

These clinics continue to increase in popularity and usefulness as is shown by the increasing numbers attending, and by the large numbers of "unsolicited testimonials" received from satisfied clients.

The following are extracts from recent letters received by the staff of the Relaxation Clinics:-

- (1) " I know that the main reason I had such an easy time was that I was well-prepared physically and mentally. "
- (2) " I should now like to thank you for the confidence you have given me during the last four months of my pregnancy, because I must admit before coming to your classes I had felt worried about the time I should have the baby, but when the time arrived I wasn't in the least bit worried. "
- (3) " I felt in complete control all the time and knew exactly what to do and when to do it and what to expect to happen next. I really must thank you for all you taught me because I really was frightened about it when I first attended the class. "
- (4) " I must add that I was completely relaxed the whole-time and fully aware of my progress, keeping comfortable throughout and never becoming confused."
- (5) " I know my comparatively short and trouble-free labour was entirely due to your classes and very many thanks indeed for all your help, and the confidence you gave me. "

DAY NURSERIES:

There has been no diminution in demand for day nursery places during the year, in spite of the increase in the daily charge. Each of the five nurseries in the division has a lengthly waiting list for admission, but it should be remembered that no really deserving social cases are included in this list. Where it is essential for social reasons that a child be admitted to a day nursery this is done without delay, since to cater for this type of case is obviously the prime function of the nursery. The majority of children being cared for in day nurseries are of course being looked after in order that the mothers may go out to work to supplement the family income. Whether it is desirable economically to subsidise certain families in this way, is a matter for our economic advisors to decide, but I do feel that it is undesirable on health grounds that mothers should abrogate their responsibility in this way. No matter how good or how well run a nursery may be it can never be a substitute for motherly love and care so essential to the well being of all young children.

MIDWIFERY SERVICE:

Although there was a slight increase in the number of domiciliary confinements attended by County Midwives during the year, it will be seen from a perusal of the statistics that an overwhelming proportion of mothers in the division were admitted to hospital to have their babies.

Approximately 80% of mothers were confined in hospital and by no means in all cases could they have been admitted for medical or social reasons. It would seem to prove therefore that where the facilities are available hospital confinement is preferred by the mothers to delivery at home. This would appear to be an indictment of our education campaign to persuade mothers and fathers to make the birth of their child a family affair. It should be remembered however that the dice is heavily loaded against the success of such a campaign on the economic side. It is much more expensive to have a baby born at home than in hospital and until this is remedied, I am afraid that human nature being what it is, the demand for hospital places will continue. Could not a little of the financial balance be redressed by the granting of home help at a very reduced rate during the lying-in period?

HEALTH VISITING

The health visiting staff of the division, though small in numbers, must be commended for the successful accomplishment of the ever increasing number of tasks which it has been called upon to undertake.

The staff establishment provides for nineteen Health Visitors, but at no time during the year has the actual working strength risen above fifteen. This difficulty in recruitment is of course the limiting factor to the amount of work that can be undertaken, and to which there is no quick or easy solution. The shortage of qualified Health Visitors is a national problem and it would appear that unless some radical change is made in the method of training, and in the terms of service, the required number of recruits are not likely to come forward. A number of experimental training schemes have been formulated, and in some cases translated into action, and it will be interesting to see the results they give. I however make no apology for re-iterating my firm belief expressed in previous reports that the answer to this problem lies in combining the Health Visiting and Home Nursing services, and having both duties carried out by the one person.

It is generally agreed that the value of the Health Visitor to the community depends on two main factors :-

- (a) Co-operating fully with the family practitioner.
- (b) Gaining the complete confidence of the family.

Although considerable progress has been made in both these directions we are still far from realising to the full either of the requirements. It would be so very much easier to achieve these ends if the Health Visitor was also the Home Nurse, she would be immediately acceptable to the general practitioner, and gain the confidence of the family so much more quickly. It is extremely difficult to reconcile the precept of Public Health exponents with the practice in this particular case.

Is it not true that we continue to plead for a closer union between curative and preventive medicine claiming that they are indivisible? Yet we are unwilling to put it into practice in the services over which we have some control. Let us put our own house in order, and then perhaps we shall have some success in other quarters.

HOME NURSING

With the increasing emphasis on the Domiciliary care of the aged in their own homes, the amount of work demanded from the home nursing service continues to increase, since an even greater proportion of the patients treated are over 65 years of age. Out of a total of 1,479 patients attended during the year, 715 were over 65 and of these 445 were women.

The total number of visits made by the nursing staff was 36,480, of which a hundred were made during the night. By far the greatest number of cases (85%) were referred by the family practitioner, 10.8% were referred by the hospital authorities, and the remainder from Local Authority Clinics, and by the patients themselves.

VACCINATION AND IMMUNISATION

DIPHTHERIA:

As will be seen from the statistical data provided, the immunisation index against this disease in the pre-school age group remains dangerously low. In spite of increased propaganda efforts during the year, the percentage of child population in this age group who are fully protected against the disease has fallen from 51% in 1955 to 46% for the year under review. This fall may be partly explained by the suspension of the immunisation programme during the Autumn months when anterior poliomyelitis was prevalent in the area. This however does not excuse it. With the total absence of the disease from the community it is increasingly difficult to impress upon parents the importance of having this simple procedure carried out during the infant's first year of life. That parents have no conscientious objection to the procedure is evidenced by the fact that there is no great difficulty in obtaining a reasonably safe immunisation index in the school age group. In this age group the procedure is carried out at school, and requires no greater effort from the parent than appending his signature to the consent form. It is indeed a sad reflection that such a large proportion of parents will not take the trouble to take their children to their family doctor, or to the local authority clinic to ensure that they are fully protected against this deadly disease.

SMALLPOX:

The acceptance rate for primary vaccination against smallpox in children under 1 year continues to improve slowly, but less than half (48.8%) have been protected against the disease. All infants should have this very simple procedure carried out during the first three months of life when reactions are minimal, and early protection is given.

ACUTE ANTERIOR POLIOMYELITIS:

A limited amount of antipoliomyelitis vaccine was made available during the year for a selected number of registered children in the 2 - 9 age group. The total number of children vaccinated in the division was 536 of which 292 were boys, and 244 girls. No untoward results attributable to vaccination were reported and no case of the disease occurred amongst the vaccinated children. The numbers of vaccinated are of course much too small to be of any statistical value in the evaluation of the protective power of the vaccine.

It will be recalled that the launching of the "Anti-Polio" was by no means an unqualified success, being the subject of considerable controversy both in the lay and medical press. The unfortunate division of opinion on the safety and efficacy of the vaccine caused considerable confusion in the minds of parents, and resulted in an extremely difficult time for the Health Department.

The quandary facing parents was reflected in the numbers in the designated age group who were actually registered for vaccination. Out of a total of 13,400 eligible for registration, only 5,098 or 38%, signed the requisite form.

PREVENTION OF ILLNESS - CARE AND AFTER-CARE

LAUNDRY SERVICE:

A domiciliary laundry service for incontinent patients was introduced at the beginning of the year with the invaluable co-operation of the West Manchester Hospital Management Committee.

Patients eligible for this service are very carefully selected. It is confined to those who are incontinent and who without a service of this nature would nearly certainly have to be admitted to hospital. The service has, therefore, necessarily remained small, but its value should not be assessed by the numbers helped, it has undoubtedly been of great value to those who have used it.

During the year 25 patients have been assisted, the majority of whom were over 70 years. The duration of the help given varies with each case, but on an average 7 to 8 cases are receiving the service at any given time.

A note on the method of operation of the service will be found in the body of the report.

VACCINATION AGAINST TUBERCULOSIS:

During the year a scheme was introduced for the vaccination of school leavers against Tuberculosis with B.C.G. vaccine. This form of protection which entails a preliminary test for susceptibility to the disease was offered to the parents of thirteen year old children in part of the division, and will it is hoped be expanded to cover the entire division during 1957. The reason for the selection of the 13 years old age group is that it is considered that the adolescent period is the most vulnerable time for those who have no immunity to the disease. The change of environment, and method of living, after leaving school, with the accompanying increase risk of exposure to infection, all contribute to making this the danger period and it is hoped that those who are vaccinated will be given sufficient immunity to combat the risk of succumbing to infection.

Of the 415 parents who received consent forms, 332 agreed to vaccination representing an acceptance rate of 80%. 324 children were tuberculin tested of which 258 (79.6%) were found to be negative reactors, and suitable for vaccination, 252 of these were vaccinated.

DOMESTIC HELP

The service continues to expand as was expected, with the increasing emphasis placed by the Health Authority on the care of the aged in their own homes.

The number of home helps employed in the division has increased from 42 at the end of 1954 to 105 at the end of the year under review, and the number of cases receiving assistance during the year was 526, an increase of 132 over the previous year, and 263 above the total for 1954.

Night helps were provided on six occasions during the year, and a total of 1,018 evening visits were made.

There is no doubt that the domestic help service, has the most important role to play in the scheme for the domiciliary care of the aged. Without an adequate service the scheme is doomed to failure. It must always be remembered that the Home Help service is a preventive service and if it is going to fulfil its proper role, assistance must be given early before the home conditions start to deteriorate. Once deterioration does start in the homes of the aged it proceeds very rapidly to the point where satisfactory rehabilitation becomes virtually impossible. It is vitally important therefore that all field workers have adequate resources at their disposal when dealing with those aged persons which experience has taught them to classify as potentially problem homes.

Recruitment of the right type of home help continues to be a problem in the division, due chiefly to the amount of competition in the labour market.

MENTAL HEALTH

The new Occupation Centre - Delamere House, was opened during the year much to the delight of everyone concerned.

We now have a well-equipped modern centre, and are fortunate in having a competent and enthusiastic staff, who are doing extremely good work.

The number on the register of the centre at the end of the year was 41, of which 14 were female and 27 male. All pupils are conveyed to and from the Centre by ambulance service.

Owing to the lack of institutional places, a number of the very severely handicapped have been admitted to the Centre merely as a form of day care rather than with any intention of training. This of course throws a great additional burden on the staff and makes it extremely difficult to devote the necessary time and attention to the prime purpose of training those who are capable of benefiting from it. I think that it will be agreed that in spite of the difficulties involved we must continue to admit the untrainable awaiting institutional care if it is all possible, in order to give the parents a little respite from the continual supervision required in the home. It is not of course practicable to admit all such cases to the Centre, and the only solution to this very serious problem is the provision of more institutional places by the Regional Hospital Boards. The number of cases in the Division awaiting institutional care at the end of the year was 21.

WELFARE SERVICES

WELFARE OF THE AGED:

The year under review saw considerable development in the field of welfare of the aged in their own home, as a reference to the main part of the report will show. A Welfare Organiser was appointed to the Divisional Staff in October, with special duties in connection with the aged. His main task is being directed towards the co-ordination of the voluntary workers in this field, and in the initial stages to obtain a comprehensive register of old people in the Division with special reference to those living alone, and in need of assistance. The only satisfactory way of accomplishing this is by making a complete street by street survey of the entire district and although much has been done, many more willing workers are required before we can be certain that we are aware of all elderly people in the division who require the help of the Welfare Services.

No matter how well equipped the Welfare Services are to give domiciliary aid to the elderly, there will always be a certain proportion who for various reasons require communal care and the provision of this care is one of the major problems in the Division. Since there is only one twenty-five place hostel within the divisional area, most residents who need accommodation must be prepared to remove to some remote part of the administrative County, and it is understandable that many are disinclined to do so. Consequently, although there is a considerable waiting list for Part III Accommodation, the number is by no means a true reflection of the unmet demand in the area.

It is sincerely hoped that the additional accommodation so badly needed to prevent the uprooting from familiar surroundings, and life-long friends, which the County Council is so anxious to provide, will not be too long delayed by the present financial stringency of the central administration.

HANDICAPPED PERSONS:

The compilation of the register of handicapped persons in accordance with the County Council Scheme under Section 29 of the National Assistance Act 1948, continued during the year, details of which will be found in the statistical summary. At the end of the year 177 persons were registered and classified according to disability and age.

Adaptations and alterations have been provided in the homes of certain handicapped persons and a number have been provided with a holiday, usually of two weeks duration, at suitable convalescent homes or other establishments.

The Handicapped Persons' Club established during 1955 in premises leased by the Divisional Health Committee, has expanded during the year and now has a total membership of 75, with an average attendance of over 50 at each meeting. The great success of this club has been due in no small measure to the enthusiasm of a small nucleus of voluntary workers ably lead by their Chairman. These workers have spared neither time nor effort in helping the Club members in organising their numerous activities.

The Club is both social and educational and meets once weekly on Thursday evenings in the Flixton Institute. Transport facilities are provided by the Divisional Health Committee for a number of the severely handicapped, who would otherwise be unable to attend.

The Management Committee of the Club consists chiefly of the handicapped persons themselves with representatives from the voluntary workers, and from the Divisional Health Staff.

The success of this Club is a good illustration of what can be achieved by the close co-operation of the voluntary and statutory services which I am pleased to say operates so well in this Division.

In conclusion, I should like to pay tribute to the co-operation which I have received throughout the year from the members and officials of the West Manchester Hospital Management Committee, who have always shown great willingness to assist in every possible way.

The duties and responsibilities of the Divisional Health staff continue to increase and I wish to record my gratitude to the medical and administrative members of the team for their loyal and cheerful co-operation and efficiency throughout the year, and to acknowledge the very valuable assistance I have had at all times from Dr. Gayne and members of his staff.

To you, Mr. Chairman and members of the Committee, I tender my sincere thanks for the encouragement and help you have given me at all times.

I am, Ladies and Gentlemen,
Your obedient Servant,

W. H. Chapple

Divisional Medical Officer

SOCIAL CONDITIONS

The Health Division is a geographically compact area, comprising the Municipal Borough Area of Stretford and the Urban District of Urmston, with a total population of 102,300. In area, it covers 8,329 acres, and is 7 miles from east to west, and 3 miles from north to south.

The division is practically completely urban in character, except for a few acres in the Urmston district which are still farmed, as a last surviving indication of the more rural type of area it was a few decades ago. Housing and industrial development is still proceeding and it is unlikely that even this small pocket of agricultural activity can survive the persistent demand for re-housing. Although, in the main, the division is residential in character, it contains within its boundaries, in the Trafford Park area, one of the greatest concentrations of industry in the country. This industrial zone has a wide range of industry, varying from heavy to light, and containing a number of oil refining and sulphur processing plants. In addition, there is a very large electrical power station, so that it is not surprising that the Trafford Park zone of the division has one of the most highly polluted atmospheres in Britain. The concentration of sulphur di-oxide in the air is undoubtedly one of the greatest environmental health problems which has to be faced.

The southern boundary of the division is formed by the River Mersey, and the northern and western boundaries by the Manchester Ship Canal, while on the east there is an irregular boundary with the County Borough of Manchester. The configuration of the land is flat and consequent upon this lack of fall the water courses are winding and sluggish, which accentuates the serious amount of pollution which exists in all streams in the area.

The size and population of the two sanitary districts are as follows :-

		<u>Area</u>	<u>Population</u>
Stretford	....	3,530 acres	61,920
Urmston	....	4,799 acres	40,380

In spite of the very rapid development of both Stretford and Urmston, the residential amenities have been well preserved, notably the green belt of considerable depth bordering the River Mersey.

Cultural and recreational activities are well provided for throughout the division, there being numerous well laid out public parks and recreation grounds, with the usual facilities for bowling, tennis, football, and cricket. There are also three indoor swimming pools. In addition, the Lancashire County Cricket Club and Manchester United Football Club have their playing fields within the divisional boundaries.

C A R E O F M O T H E R S A N D
Y O U N G C H I L D R E N

S T A T I S T I C A L S U M M A R Y , 1 9 5 6

VITAL STATISTICS BASED ON REGISTERED BIRTHS AND DEATHS
(After correction for inward and outward transfers
as furnished by the Registrar-General)

	<u>Stretford</u>	<u>Urmston</u>
<u>Live Birth Rate</u> per 1,000 of estimated population 	15.7	16.1
<u>Still Birth Rate</u> per 1,000 (live and still) births 	20.0	25.0
 <u>Deaths under 1 year of age :-</u>		
<u>Mortality Rate</u> of infants under 1 year of age per 1,000 live births 	38.0	34.0
 <u>Deaths under the age of one month:-</u>		
<u>Neo-natal Mortality Rate</u> per 1,000 live births 	27.0	25.0

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Notified Births (i.e. occurring) in Sanitary Districts in the Division during 1956

* A birth is regarded as "premature" if the birth weight is $5\frac{1}{2}$ lbs. or less.

Registration may be made at any time up to 42 days after birth.

NOTIFICATION OF BIRTHS

Notified Births in the Division, together with inward and outward transfers, during 1956

	In Hospitals, Maternity Homes, etc.										In the Home										Total									
	Live Births					Still births					Live Births					Still births					Live Births					Still births				
	* Pre-mature		Mature		Total	Still births		* Pre-mature		Mature		Total	Still births		* Pre-mature		Mature		Total	Still births		* Pre-mature		Mature		Total	Still births			
	M	F	M	F	M	M	F	M	F	M	M	F	M	F	M	M	F	M	F	M	M	F	M	F	M	F	M	F		
Total number occurring in the Division ...	99	94	1202	1088	1301	1182	30	38	10	15	153	155	163	170	3	-	109	109	1355	1243	1464	1352	33	38						
Total outward transfers	56	59	638	590	694	649	20	23	-	1	-	-	1	-	-	-	56	60	638	590	694	650	20	23						
Total inward transfers	15	10	102	82	117	92	5	5	-	-	-	-	-	-	-	-	15	10	102	82	117	92	5	5						
FINAL NUMBER belonging to Division:	58	45	666	580	724	625	15	20	10	14	153	155	163	169	3	-	68	59	819	735	887	794	18	20						
- do -	53	59	586	582	639	641	8	16	6	6	149	147	155	153	2	1	59	65	735	729	794	794	10	17						
- do -	33	50	596	565	629	615	25	19	5	11	142	139	147	150	8	2	38	61	738	704	776	765	33	21						
- do -	50	64	661	590	711	654	14	19	5	9	140	125	145	134	1	-	55	73	801	715	856	788	15	19						
- do -	37	55	632	580	669	635	20	13	4	8	141	119	145	127	2	6	41	63	773	699	814	762	22	19						
- do -	33	56	633	617	666	673	15	13	4	6	165	129	169	135	5	2	37	62	798	746	835	808	20	15						
- do -	55	73	633	594	688	667	15	11	9	10	165	169	174	179	6	1	64	83	798	763	862	846	21	12						
- do -	49	75	650	635	699	710	20	13	10	19	202	203	212	222	5	4	59	94	852	838	911	932	25	17						

* A birth is regarded as "premature" if the birth weight is 5½ lbs. or less.

INFANT MORTALITY

Infant Mortality (notified births and deaths - i.e. occurring),
after correction for inward and outward transfers, during 1956.

(a) Sanitary District, Sex and Age Groups

Sanitary District	Age at death :										TOTAL		
	Under 1 day		1 - 7 days		Over 1 week and up to 4 weeks		Over 4 weeks and up to 6 mths.		Over 6 mths. and up to 12 mths.				Both sexes
	M	F	M	F	M	F	M	F	M	F	M	F	
Stretford M.B.	8	6	5	3	3	2	5	4	2	-	23	15	38
Urmston U.D.	3	4	7	-	1	1	3	2	1	-	15	7	22
TOTAL: 1956	11	10	12	3	4	3	8	6	3	-	38	22	60
1955	10	4	7	4	3	3	7	1	-	-	27	12	39
1954	6	6	6	4	1	-	6	3	5	-	24	13	37
1953	5	9	10	1	1	2	4	2	1	1	21	15	36
1952	7	5	3	2	1	-	5	4	1	2	17	13	30
1951	3	1	5	3	-	3	4	4	1	2	13	13	26
1950	5	4	4	6	5	1	8	9	-	2	22	22	44
1949	8	6	8	12	2	2	11	7	3	3	32	30	62

INFANT MORTALITY

(b) Cause, Sex and Age Groups

	Age at death:										TOTAL		
	Under 1 -- 7 1 day days				Over 1 week and up to 4 weeks		Over 4 weeks and up to 6 mths.		Over 6 mths. and up to 12 mths.		Both Sexes		
	M	F	M	F	M	F	M	F	M	F	M	F	
Pneumonia	-	-	-	-	-	-	3	2	-	-	3	2	5
Gastritis, Enter- itis & Diarrhea	-	-	-	-	-	-	1	-	-	-	1	-	1
Bronchitis	-	-	-	-	-	-	-	1	-	-	-	1	1
Congenital mal- formations	1	3	2	-	4	3	3	1	-	-	10	7	17
Birth injuries	-	1	2	1	-	-	-	-	-	-	2	2	4
Post-natal asphy- xia and atelec- tasis	1	3	1	2	-	-	-	-	-	-	2	5	7
Infections of the new-born	-	-	1	-	-	-	-	-	-	-	1	-	1
Other diseases peculiar to early infancy	8	2	6	-	-	-	-	-	-	-	14	2	16
All other causes	1	1	-	-	-	-	1	2	2	-	4	3	7
 <u>TOTAL</u> - all causes	11	10	12	3	4	3	8	6	3	-	38	22	60

(c) Mortality Rates

YEAR	Number of notified live births	Neo-natal deaths (deaths occurring within one month of birth)		Total infant deaths (under one year)	
		Number	Mortality rate per 1,000 live births	Number	Mortality rate per 1,000 live births
1949	1,843	38	20.6	62	33.64
1950	1,708	24	14.07	44	25.76
1951	1,643	15	9.13	26	15.82
1952	1,576	18	11.42	30	19.04
1953	1,644	28	17.03	36	21.9
1954	1,541	23	14.92	37	24.01
1955	1,588	31	19.52	39	24.56
1956	1,681	43	25.58	60	35.69

MATERNAL MORTALITY

There was one death of a woman in or associated with child-birth during the year 1956.

Mortality Rate (notified births and deaths) :-

YEAR	No. of notified live and still births	No. of deaths of mothers in childbirth	Mortality Rate per 1,000 total (live and still) notified births
1949	1,885	1	.53
1950	1,741	2	1.148
1951	1,678	2	1.192
1952	1,617	-	-
1953	1,678	-	-
1954	1,595	1	.62
1955	1,615	1	.62
1956	1,719	1	.58




CHILD WELFARE CENTRES

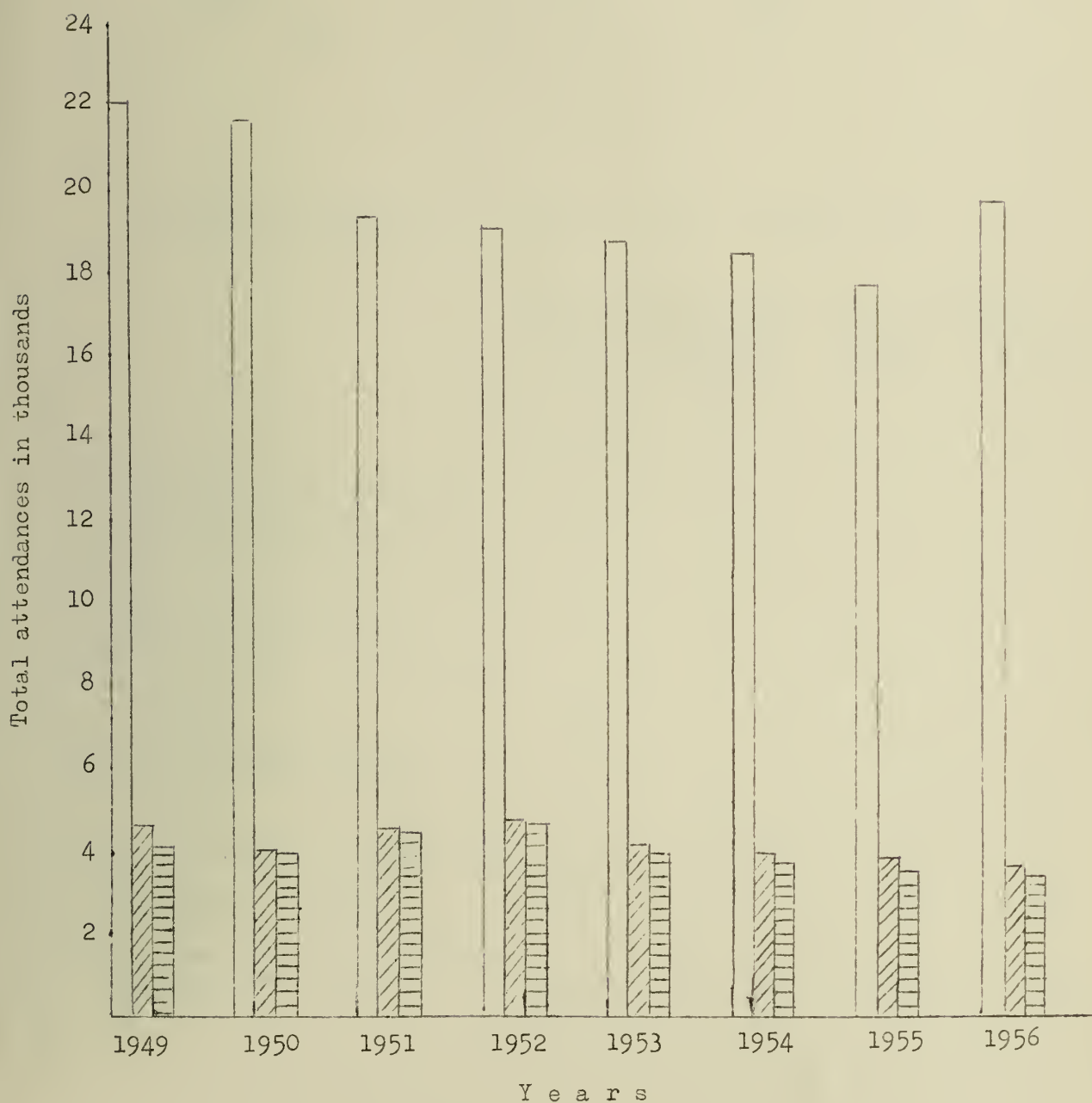
The attendances at the four centres in Stretford and the three in Urmston have been maintained at a high average. Special services are provided at one central clinic in each part of the division.

Summary of attendances of Child Welfare Centres during 1956 :-

Child Welfare Centre	No. of Sessions	Number of individual children attending who were born in			Number of attendances of children at ages			Average attendances by all children (per session)	
		1956	1955	1954-1951	0-1	1-2	2-4		
Trafford Public Hall (Old Trafford)	100	300	260	246	3,724	392	403	45.19	
Stretford (Mitford Street)	101	240	181	381	3,605	879	1,096	55.25	
Lostock (Barton Rd.)	52	86	90	176	1,652	412	829	55.63	
Trafford Park (Sixth Street)	51	36	24	39	495	76	82	12.8	
Davyhulme (Cornhill Road)	99	264	245	136	5,296	1,205	639	72.12	
Flixton (Alker Hall)	51	173	103	71	3,139	343	121	70.67	
Humphrey Park (Urmston)	51	69	62	96	1,637	390	375	47.1	
TOTALS:	1956	505	1,168	965	1,145	19,548	3,697	3,545	53.05
"	1955	501	1,056	978	1,318	17,523	3,963	3,571	50.0
"	1954	504	1,112	879	1,397	18,170	4,009	3,751	51.46
"	1953	507				18,503	4,320	4,041	53.0
"	1952	511				19,044	4,714	4,706	55.6
"	1951	503				19,341	4,593	4,574	56.6
"	1950	469				21,887	4,106	4,092	64.0
"	1949	460				22,270	4,681	4,129	67.5

Attendances at CHILD WELFARE CENTRES

<u>Age</u>	0 - 1 years	
	1 - 2 years	
	2 - 4 years	



ANTE-NATAL AND POST-NATAL CLINICS:

Particulars of work at the various ante-natal and post-natal clinics during 1956 are as follows :-

Combined Ante-Natal and Post-Natal Clinics	Number of Sessions	Number of individual women attending	Number of attendances
Trafford Public Hall (Old Trafford)	52	207	739
Stretford (Mitford St.)	27	68	172
Trafford Park (Sixth St.)	21	25	116
TOTALS -	100	300	1,027
" 1955	67	178	700

Post-Natal Examinations of Women Confined During 1956.

	Confined in Hospital	Confined in private Nursing homes	Confined at Home Doctor Engaged	No Doctor Engaged
Number of births	1,322	31	271	56
Number of mothers seen by Health Visitor since sixth week after confinement	1,220	26	245	56
Number of mothers who had a post-natal examination :-				
(a) at a hospital post-natal clinic	458	1	6	1
(b) at a County Council clinic	57	1	14	15
(c) by a general practitioner	612	24	192	28
Total number examined	1,127	26	212	44
Percentage of those visited who had a post-natal examination	92.4%	100%	86.5%	78.6%

RELAXATION CLINICS

Particulars of expectant mothers who attended Relaxation Clinics during the year 1956 :-

Name of Clinic	No. of Sessions	No. of individual women attending	No. of attendances.
Trafford Public Hall (Old Trafford)	49	163	1,046
Davyhulme	96	172	1,640
TOTALS -	145	345	2,686
" 1955	132	286	2,199

DENTAL CARE

Particulars of expectant and nursing mothers and pre-school children who received dental treatment at the clinics during 1956 :-

	Children under 5 yrs. of age and NOT attending school	Expectant mothers	Nursing mothers	Total
Number inspected ...	387	14	28	429
Number found to require treatment ...	253	14	25	292
Number treated ...	234	16	19	269
Number treated who were rendered dentally fit	68	5	7	80
Number of extractions	422	74	77	573
Number of administrations of anaesthetics - local	12	7	23	42
general	184	8	11	203
Number of fillings	582	8	32	622
Number of scalings, or scalings and gum treatment ...	101	12	16	129
Number of silver nitrate treatment ...	57	-	-	57
Number of dressings	232	9	13	254
Number of dentures provided - Complete		2	6	8
Partial			9	9
Repaired			1	1

CARE OF PREMATURE INFANTS

Ministry of Health Circular 20/44

The recommendations of the Ministry of Health Circular 20/44 were implemented during the year under review. The division is fortunately placed in the hospital provision available, which greatly increase the chances of survival of infants prematurely born.

Premature births notified during 1956, after adjustments for inward and outward transfers:

	Born at Home	Born in Hospital or Maternity Home	Total
Total premature births	22	102	124
Died within 24 hours	-	18	18
Percentage of infants surviving 24 hours	100%	82.3%	85%
Survived 28 days	21	78	99
Percentage of infants surviving 28 days	95.5%	76.4%	80%

NURSERIES AND CHILD MINDERS' REGULATION ACT, 1948

No application for registration of premises to be opened under this Act as Day Nurseries were received.

One application for registration as a Daily Child Minder was received. There were two Registered Child Minders in the division on the 31st December, 1956.

OPHTHALMIA NEONATORUM

No case of ophthalmia neonatorum was notified during 1956.

PUERPERAL PYREXIA

One hundred cases of puerperal pyrexia were notified during the year.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN:

During 1956, arrangements were made for ten expectant unmarried mothers to be admitted to the undermentioned Mother and Baby Homes for their confinements.

St. Monica's Maternity Home, Kendal	..	2
The Grange, Wilpshire	.. ..	2
Lancaster & District Girls' Hostel, Lancaster	.. .. .	1
Sacred Heart Maternity Home, Bielttargh Holt	.. .. .	1
St. Anne's Maternity Home, Heywood	.. .. .	2
St. Tereasa's Home and Nursery, Salford.	.. .. .	2

CHILDREN NEGLECTED AND ILL-TREATED IN THEIR OWN HOMES:

The County Council has designated the County Medical Officer of Health as the Officer responsible for the co-ordination of all efforts to eliminate neglect and ill-treatment of children, and Divisional Medical Officers act as the co-ordinating officer in their own areas. For some time it has been the practice to convene quarterly meetings of the appropriate officers to discuss problems in connection with neglected children. These meetings presided over by the Divisional Medical Officer have been attended by Assistant Divisional Medical Officers, Health Visitors, Area Children's Officer, Officers representing the two constituent Housing Authorities, National Assistance Area Officers, Officers of the N.S.P.C.C., Probation Officers, Mental Health Workers, Education Welfare Officers, and other interested officers. During 1956, thirty-three "problem families" have been discussed at the meetings.

It is, of course, extremely difficult to evaluate the benefits of these conferences since it is always difficult to claim a success and in contrast failures are so obvious. It is, however, considered that the meetings serve a useful purpose and that the exchange of points of view is in the interests of the children liable to suffer from neglect.

DAY NURSERIES

The following is the list of priorities adopted by the County Council as a guide to considering the admission of children to day nurseries.

Social Cases: i.e. Special cases due to illness, confinement, etc. of mother; widows, women separated, divorced or deserted unmarried mothers; women whose husbands are invalids or work part-time, and widowers, or fathers deserted by their wives.

Financial Cases: i.e. Mothers in other occupations wishing to work for financial reasons. In these cases priority is given to those in the poorest financial circumstances.

The following table gives particulars as to the use of the nurseries during 1956.

DAY NURSERIES

NURSERY	Number of places approved		Number of days open		Total attendances at ages		Proportion of attendances to day-places (all ages)		Number of children at end of year			
									On Registers		On Waiting Lists	
	0-1	2-4	0-1	2-4	0-1	2-4	0-1	2-4	0-1	2-4	0-1	2-4
Beresford Road, Stretford.	10	24	253	5,030	2,011	5,030	81.85		5	25	8	5
Galloway, Stretford.	10	34	247	5,239	1,675	5,239	63.62		8	25	10	-
Victoria Park, Stretford.	10	24	253	4,848	1,752	4,848	76.73		6	29	19	35
Seymour Grove, Old Trafford.	12	26	253	5,737	3,062	5,737	91.52		14	25	19	4
Chesham, Urmston.	10	30	255	5,547	1,803	5,547	72.06		11	31	9	3
Stocks House, Flixton.	10	32	254	5,734	2,314	5,734	75.44		9	32	6	5
Hayes Water Road, Davyhulme.	10	40	253	7,880	2,089	7,880	78.8		7	38	3	4
TOTAL	72	210	1,768	40,015	14,706	40,015	76.85		60	205	74	56

DAY NURSERIES:

Social Cases Attending the Day Nurseries

DAY NURSERY	A.1	A.2	A.3	A.4	A.5	A.6	Total No. of Social Cases	No. of Children Attending During Period	Percentage of Social Cases
Beresford Road	-	2	5	2	-	-	9	36	25%
Galloway	-	-	2	3	2	2	9	45	20%
Victoria Park	2	1	4	4	-	-	11	42	26.2%
Seymour Grove	1	2	4	10	5	-	22	51	43.1%
Chesham	7	1	1	-	-	2	11	53	27.4%
Stocks House	4	1	5	1	1	-	12	54	22.2%
Hayeswater Road	3	2	1	1	-	1	8	53	15.1%
							82	334	25%

CODE: A.1 Special Cases due to sickness, confinement of mother, etc.

A.2 Widow.

A.3 Woman Separated or Divorced.

A.4 Unmarried Mother.

A.5 Woman whose husband is an invalid or works only part-time.

A.6 Widower or Father separated, divorced or deserted.

M I D W I F E R Y S E R V I C E

County Midwives employed in the Division :-

Miss J.M. Bardsley, S.R.N., S.C.M. (Commenced 7.5.56).
 Mrs. K.T. Burgess, S.R.N., S.C.M.
 Miss J.A.B. Butters, S.C.M. (Superannuated 19.7.56).
 Mrs. A. Maddocks, S.C.M.
 Mrs. J.A. McKenna, S.C.M.
 Miss E.M. Murdock, S.C.M. (Superannuated 31.1.56).
 Miss M.A. Thompson, S.C.M.
 Mrs. A. Whittle, S.R.N., S.C.M.

In addition, there were eleven midwives on the staff of the Stretford Memorial Hospital, six at the Urmston Cottage Hospital and thirteen at Park Hospital, Davyhulme, at the 31st December, 1956.

Cases attended by all midwives in the division during the year 1956:-

	Confine- ments attended	Miscar- riages	Total Cases	Cases in which analgesics were used
(a) LOCAL HEALTH AUTHORITY SERVICES - County Council Midwives				
1956	323	14	337	251
1955	300	16	316	244
1954	296	11	307	219
1953	268	26	294	205
1952	271	20	291	197
1951	295	8	301	236
1950	346	28	374	276
1949	408	22	430	219
(b) HOSPITAL SERVICES - In State Hospitals				
1956	2,518	1	2,519	1,584
1955	2,365	7	2,372	1,306
1954	2,309	5	2,314	975
1953	2,348	3	2,351	1,235
1952	2,237	4	2,241	988
1951	2,112	3	2,115	986
1950	2,045	4	2,049	1,384
1949	2,028	1	2,029	1,206
TOTAL -				
1956	2,841	15	2,856	1,835
1955	2,655	23	2,688	1,550
1954	2,605	16	2,621	1,194
1953	2,616	29	2,645	1,440
1952	2,508	24	2,532	1,185
1951	2,405	11	2,416	1,222
1950	2,391	32	2,423	1,660
1949	2,436	23	2,459	1,425

Summary of work done by County Council midwives during 1956 -

(a) Confinements and miscarriages:

Confinements (1)					Miscarriages (2)				
Dr. NOT booked Dr. Dr. NOT present present at at delivery delivery	Dr. booked Dr. Dr. NOT present present at at delivery delivery	Total			Dr. NOT booked Dr. Dr. NOT present present at at delivery delivery	Dr. booked Dr. Dr. NOT present present at at delivery delivery	Total		
-	23	11	289	323	1	3	2	8	14

(b) Livebirths, stillbirths, hospital discharges and deaths.

Livebirths (1)			Still Births (2)			Cases attended where patient had been con- fined in hosp- ital and dis- charged before 14th day (3)	Deaths (4) Child Mother (under 1 month)
Dr. present at delivery	Dr. NOT present at delivery	Total	Dr. present at delivery	Dr. NOT present at delivery	Total		
11	310	321	-	3	3	361	-

(c) Visits

To confinements and miscarriages shown in section (a) above	To hospital dis- charges in section (b) (3) above	Total	Total number of visits included in column (1) which were made between the hours of 9 p.m. and 8 a.m. (i.e. night visits)
(1)	(2)	(3)	(4)
9,920	1,300	11,220	298

Proportion of births in the division attended by County Council midwives during the year 1956 :-

(a)	Total number of live and still births occurring in the division	...	...	2,887
(b)	Number of (a) which were domiciliary	...		336
(c)	Number of (b) which were attended by County Council midwives	...	...	324
(d)	Percentage of (c) to (a)	...	...	11.2
(e)	Percentage of (c) to (b)	...	...	96.4

Records received from all certified midwives practising in the division, in accordance with the Rules of the Central Midwives' Board, during 1956 :-

	Number of notifications received in respect of			
	Calling for medical aid	Still births	Deaths	
			Mother	Child (under 1 month)
(a) <u>Local Health Authority Services</u> :-				
County Council Midwives	78	3	-	-
(b) <u>Hospital Services</u> :-				
In State Hospitals	9	6	-	3
(c) <u>In Private Practice</u> :-	-	-	-	-
TOTAL - All Services	87	9	-	3

MIDWIFERY SERVICE

Total number of home confinements



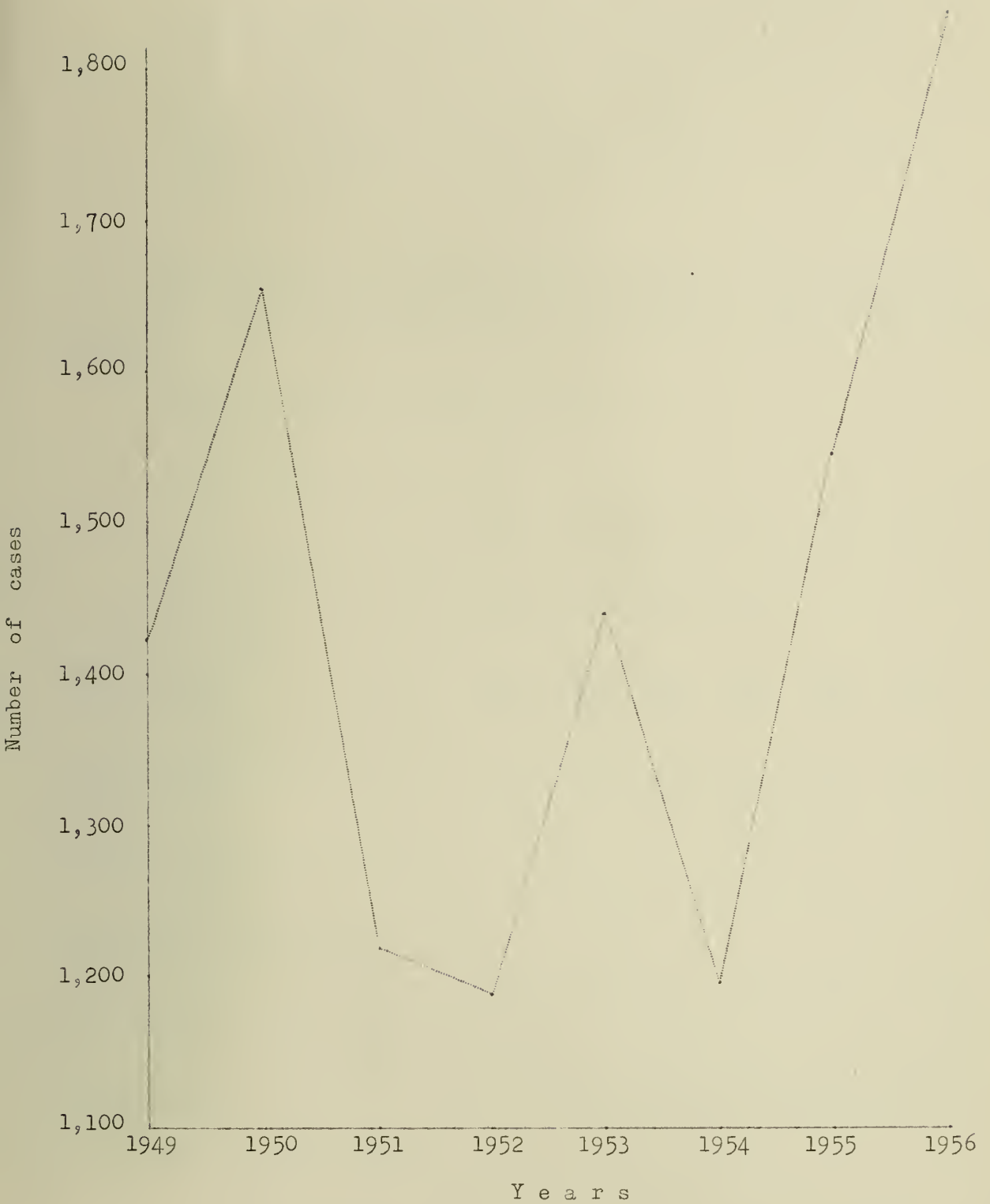
Total number of hospital confinements



MIDWIFERY SERVICE

Cases in which Gas and Air Analgesia was used

(All births occurring in the Division).



HEALTH VISITING

<u>STAFF:</u>	Mrs. C.M. Allen, S.R.N., S.C.M., H.V. Cert.
	Miss G. Davies, S.R.N., S.C.M., H.V. Cert.
	Miss N. Dyson, S.R.N., S.C.M., H.V. Cert.
	Mrs. E.E. Carnall, S.R.N., S.C.M., H.V. Cert (Commenced 1.6.56)
	Miss J.E. Hawkins, S.R.N., S.C.M., R.S.C.N., H.V. Cert. (Resigned 16.12.56)
	Mrs. E.J. Jones, S.R.N., S.C.M., R.S.C.N., H.V. Cert.
	Mrs. E.K. Kenyon, S.R.N., S.C.M., R.S.C.N., H.V. Cert.
	Mrs. E. Lee, S.R.N., S.C.M., S.R.F.N., Q.N., H.V. Cert.
	Mrs. C. Lynch, S.R.N., S.C.M., S.R.F.N., H.V. Cert.
	Miss L. Raine, S.R.N., S.C.M., S.R.F.N., H.V. Cert.
	Miss F. Sharples, S.R.N., S.C.M., H.V. Cert.
	Miss E.J. Stanley, S.R.N., S.C.M., R.S.C.N., H.V. Cert.
	Miss A. Yates, S.R.N., S.C.M., H.V. Cert.

The staff establishment for the division provides for nineteen health visitors, but at the end of 1956, the number of health visitors was only 12. As in previous years, the shortage of health visitors prevents the service from being expanded to satisfactorily cover present day needs.

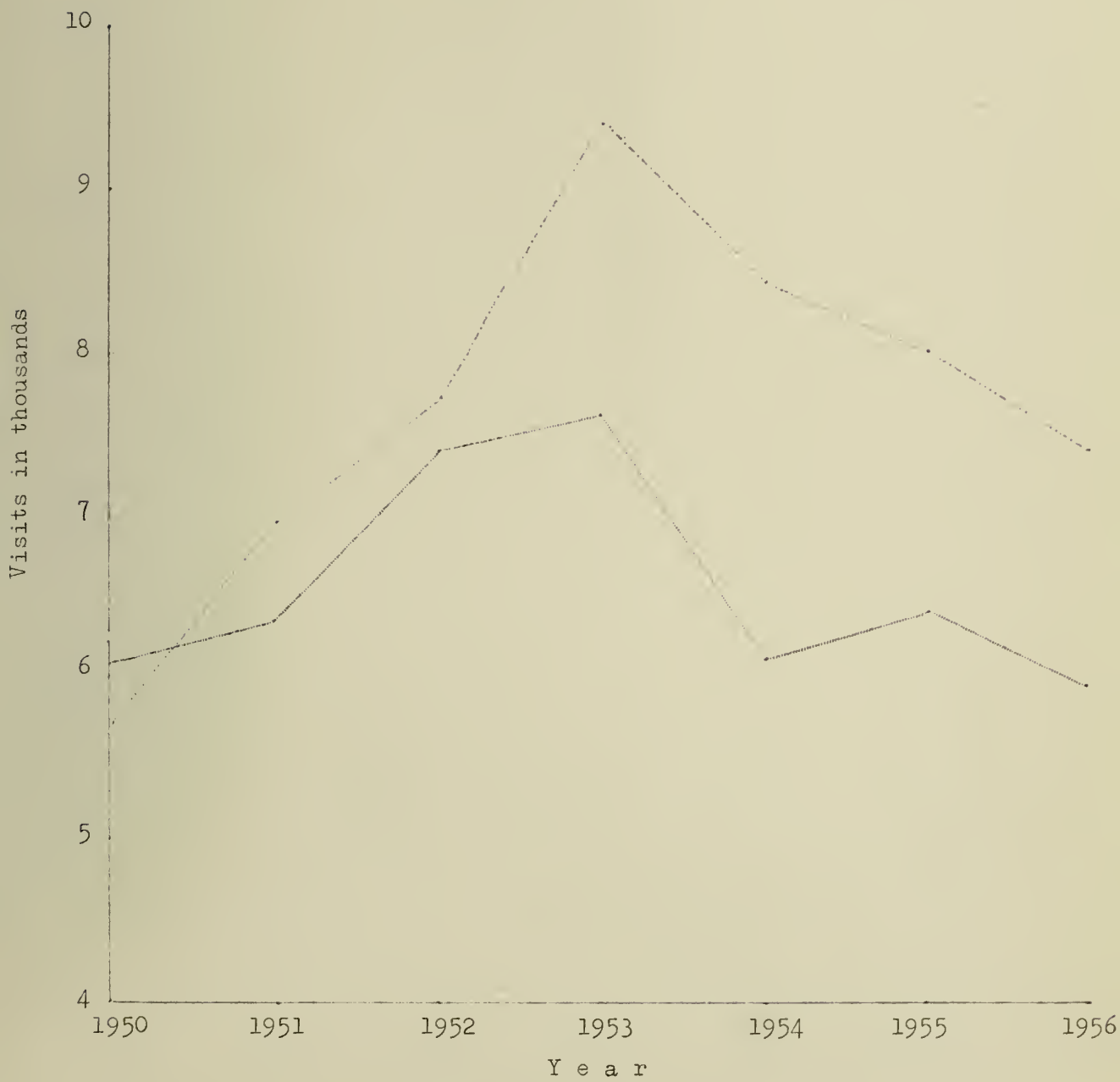
Number of visits by Health Visitors :-

	1956	1955	1954	1953	1952	1951	1950
No. of children under 5 years of age visited ...	6,664	6,157	6,809	6,587	-	-	-
Expectant mothers							
First visits ...	422	386	309	261	252	238	290
Total visits ...	654	595	504	498	599	501	525
Children under 1 year of age							
First visits ...	1,678	1,620	1,569	1,725	1,702	1,673	2,040
Total visits ...	5,992	6,379	6,190	7,604	7,404	6,322	6,179
Children - one to five years							
Total visits ...	7,378	8,013	8,371	9,279	7,728	6,981	5,744
Adults (excluding expectant mothers)							
Total visits ...	1,739	1,486	768	752	482	207	519
Other cases:							
Total visits ...	584	27	132	197	271	296	
<u>TOTAL VISITS</u> ...	16,347	16,500	15,965	18,330	16,484	14,307	12,967
No. of families or households visited ...	4,708	5,345	6,481	5,475	-	-	-

HEALTH VISITING

Total visits to children under 1 year

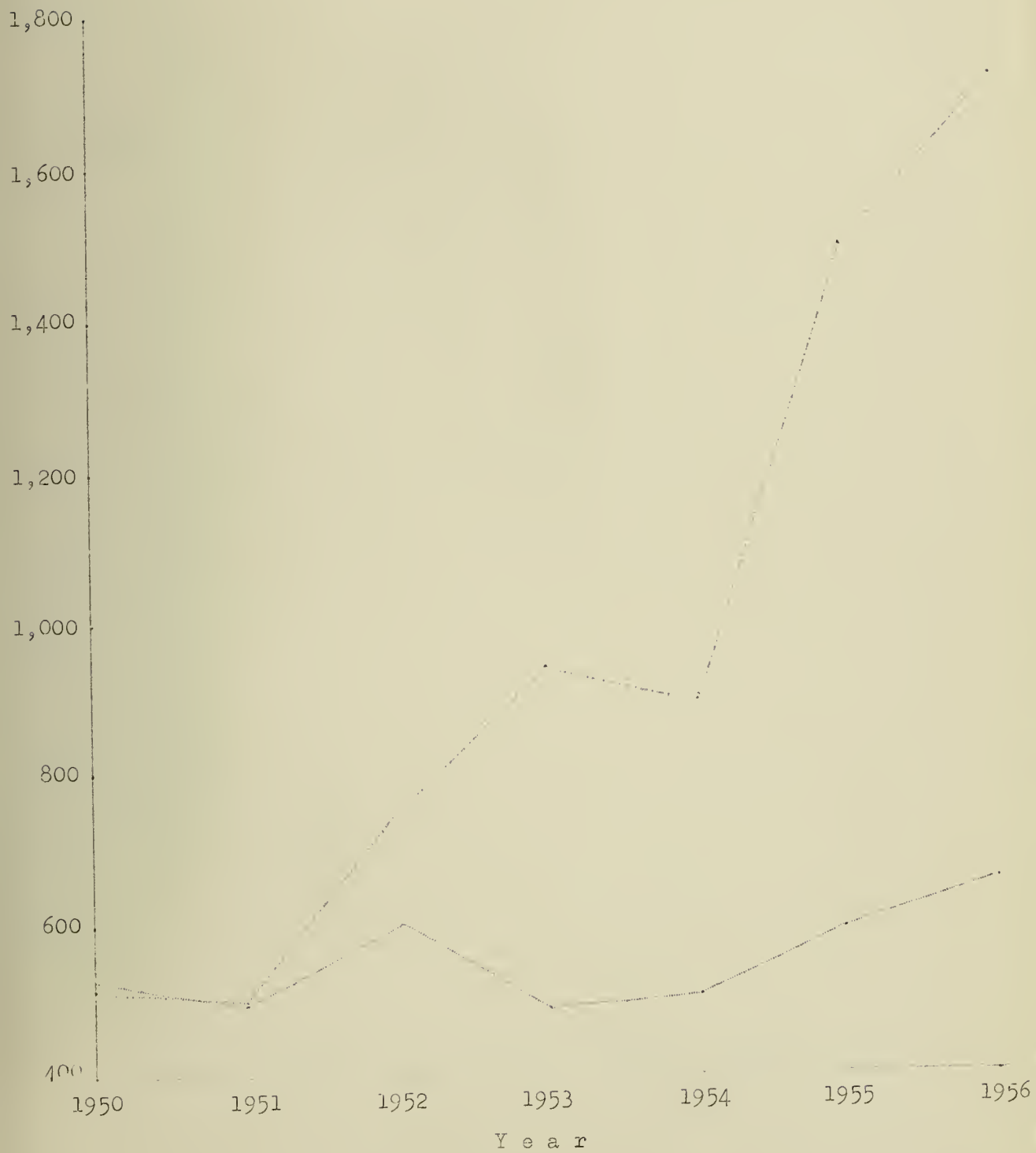
Total visits to children 1 - 5 years



HEALTH VISITING

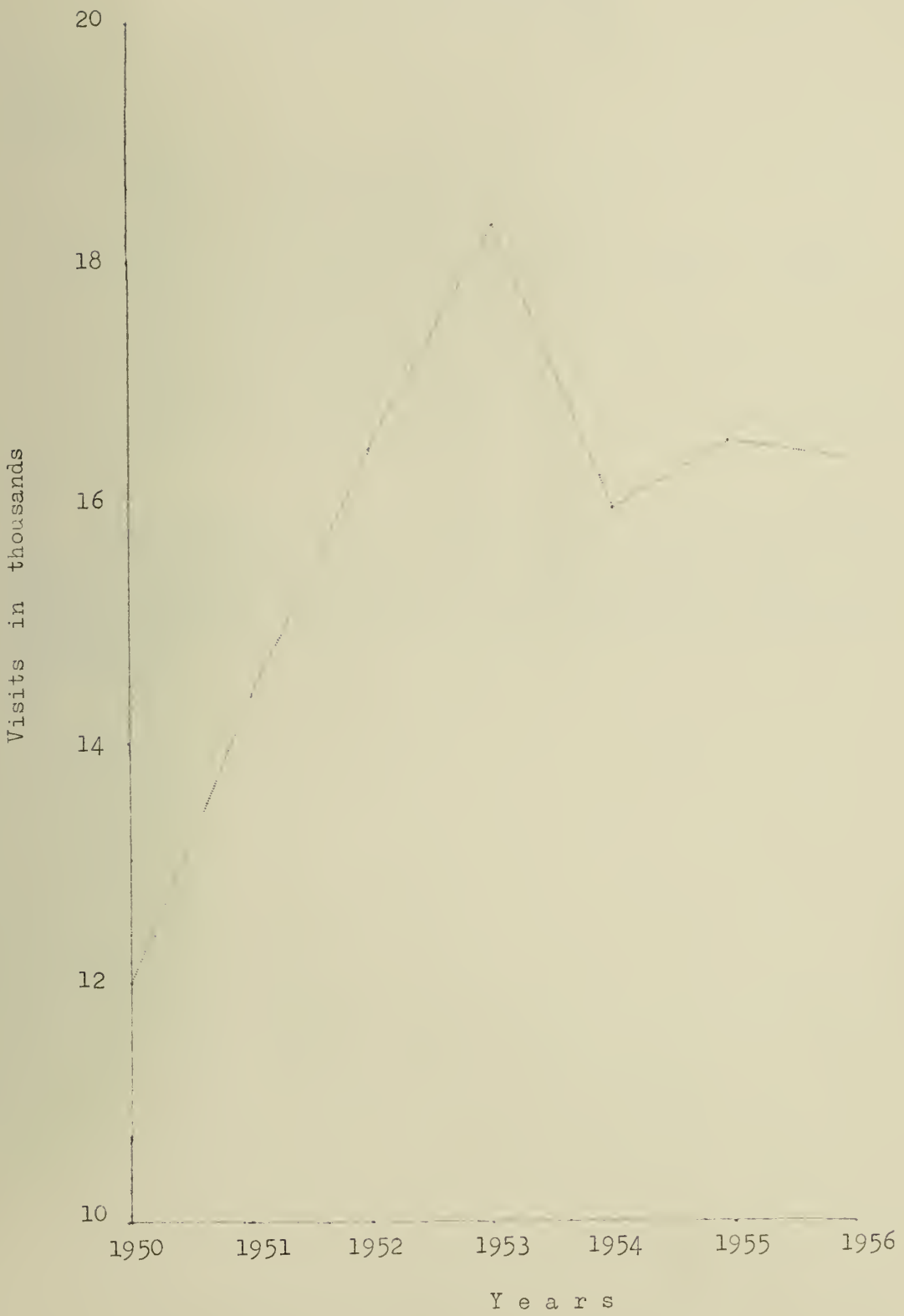
Total visits to expectant mothers

Total visits to adults, excluding expectant mothers



HEALTH VISITING

Total Visits made by Staff



HOME NURSING

STAFF:

Mrs. M. Bennett, S.R.N., S.C.M., Q.N.
Mrs. A. Chew, S.R.N., S.C.M., Q.N.
Mrs. W. Dabbs, S.R.N., S.C.M., Q.N.
Mr. L. Hutchinson, S.R.N., Q.N.
Mrs. M. Jordan, S.R.N., S.C.M. (Commenced 1.2.56)
Mrs. M.F. McGrath, S.R.N., S.C.M., Q.N.
Mrs. F.A. Mees, S.R.N.
Mrs. M.E. Moorhouse, S.R.N., S.C.M.
Mrs. A.H. Pimley-Pope, S.R.N., S.C.M., Q.N.
Mrs. W.H. Spencer, S.R.N., S.C.M.
Miss F.M. Tonge, S.R.N., S.C.M., Q.N. (Resigned 22.9.56)

The County Council's policy to provide domiciliary care for more elderly persons, together with the shortage of hospital beds, is responsible for more cases being nursed at home. Modern methods of treatment give additional work to the district nurses, who often carry out their duties under most difficult conditions.

TABLE 1 - By Duration of Treatments and Frequency of Visits

Disease or Ailment	Total No. of Cases	Duration of Treatments					Average No. of visits (day & night)	Average No. of visits per case per week
		Length of treatment (weeks)	Average duration of treatment (weeks)	Total Visits		Day		
Tuberculosis of respiratory system	54	1,062.4	19.7	3,472	-	-	64.3	3.3
Other infective and parasitic diseases	24	241.9	10.1	804	-	-	33.5	3.3
Cancer	96	1,212	12.6	2,566	90	90	27.7	2.2
Diabetes	41	307.1	7.5	1,394	-	-	34.0	4.5
Anaemias and other blood diseases	85	2,901.7	34.1	3,280	-	-	38.6	1.1
Mental, psychoneurotic disorders	8	39.4	4.9	102	-	-	12.8	2.6
Cerebral haemorrhage, cerebral embolism and thrombosis	49	180.9	3.7	660	3	3	13.5	3.7
Other diseases of central nervous system	80	1,684	21.1	4,858	-	-	60.7	2.9
Diseases of eye, ear and mastoid process	33	35.9	1.1	223	-	-	6.8	6.2
Diseases of heart and circulatory system	169	3,019.1	17.9	5,317	5	5	31.5	1.8
Influenza	9	8.9	1.0	48	-	-	5.3	5.4
Pneumonia	42	135.7	3.2	530	-	-	12.6	3.9
Bronchitis	114	1,041.7	9.1	1,833	-	-	16.1	1.8
Other diseases of respiratory system	39	40.3	1.0	264	-	-	6.8	6.6
Diseases of digestive system	162	378.4	2.3	1,123	2	2	6.9	3.0
Diseases of genito-urinary system	65	490.4	7.5	780	-	-	12.0	1.6
Diseases of the skin	82	487.9	5.9	1,999	-	-	24.4	4.1
Diseases of bones and organs of movement (including rheumatism and arthritis)	26	573	22.0	891	-	-	34.3	1.6
Senility and ill-defined conditions	208	1,593.7	7.7	3,086	-	-	14.8	1.9
Burns and scalds	14	47	3.4	194	-	-	13.9	4.1
Other accidents, injuries, etc.	45	357	7.9	981	-	-	21.8	2.7
All other conditions	34	449.7	13.2	1,975	-	-	58.1	4.4
Health Division	1,479	16,288.1	11.0	36,380	100	100	24.7	2.2
Admin. County	36,444	388,378.1	10.7	933,395	1,894	1,894	27.3	2.6
TOTALS -								

ANALYSIS OF COMPLETED CASES (CONTINUED)

TABLE 2

Year ended 31st December, 1956

	Health Division		Admin. County	
	No.	Per Cent	No.	Per Cent
1. Total completed cases analysed	1,479	100	36,444	100
2. Sex and age groups - (age in years)				
0 - M	13	0.9	1,277	3.5
F	16	1.1	823	2.3
5 - M	14	0.9	1,044	2.9
F	9	0.6	864	2.4
15 - M	72	4.9	2,323	6.4
F	204	13.8	5,050	13.9
45 - M	186	12.6	3,948	10.8
F	250	16.9	5,397	14.8
65 - M	270	18.3	5,946	16.3
F	445	30.1	9,772	26.8
All aged M	555	37.5	14,538	39.9
F	924	62.5	21,906	60.1
3. Agency of reference :-				
Services of nurse requested by -				
General practitioner	1,257	85.0	31,913	87.6
Hospital	160	10.8	3,065	8.4
P.H. Authority	40	2.7	349	1.0
Direct	15	1.0	976	2.7
T.B. Clinic	4	0.3	87	0.2
Other	3	0.2	54	0.1
4. Disposal of cases :-				
Recovered, relieved, etc.	753	50.9	21,459	58.9
Admitted to hospital	245	16.6	4,996	13.7
Died	264	17.8	5,770	15.8
Gone away	48	3.2	980	2.7
Out-patient X-ray etc.	98	6.6	2,248	6.2
Nurse withdrawn	69	4.7	921	2.5
Other	2	0.1	70	0.2

IMMUNISATION AND VACCINATION

DIPHTHERIA IMMUNISATION

Immunisation in relation to child population :-

Number of children who had completed a full course of immunisation at any time up to 31st December, 1956

Age at 31/12/56, i.e. born in years	Under 1 1956	1 - 4 1952 - 1955	5 - 9 1947 - 1951	10 - 14 1942 - 1946	Total under 15
Number immunised	117	3,583	7,141	5,795	16 636
	Children under 5 years		Children 5-14 years		
Estimated mid-year child population, 1956.	8,068		16,310		24,378
Percentage of child population in age group in an immunised state	46%		79%		68%

Immunisations against Diphtheria completed during the year 1956 :-

	Number of individuals who completed a full course of primary immunisation during the period			Number of children who were given a reinforcement injection (i.e. subsequent to complete course)
	Age at date of final injection			
	Under 5 yrs.	5 - 14 yrs.	Total 0-14 yrs.	Total 0 - 14 years (inc.)
Stretford	471	33	504	152
Urmston	540	18	558	248
TOTAL in Division	1,011	51	1,062	400

Number of children who were immunised against Diphtheria during the year 1956 :-

	By Assistant Div. Medical Officers	By General Practitioners	Total
Primary Immunisation (full course)	353	709	1,062
Reinforcement injections	148	252	400
TOTAL	501	961	1,462

WHOOPIING COUGH IMMUNISATION

Immunisation in relation to child population :-

Number of children who had completed a full course of immunisation at any time up to 31st December, 1956						
Age at 31/12/56 i.e. born in years	Under 1 1956	1+ 1955	2+ 1954	3+ 1953	4+ (Under 5) 1952	Under 5 Total
Number immunised	118	792	539	608	343	2,400
Estimated mid-year child population, 1956.	1,681		6,387			8,068
Percentage of child population in age group in an immunised state	7%		35.7%			29.7%

Notifications of cases of whooping cough during 1956, after corrections of diagnosis.

	Age Group											
	0-		1-		2-		3-		4-		Total under 5 yrs.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stretford Borough	4	4	7	2	4	4	7	10	9	7	31	27
Urmston Urban District	1	1	10	5	6	5	3	3	4	3	24	17
TOTAL	5	5	17	7	10	9	10	13	13	10	55	44

POLIOMYELITIS VACCINATION

Vaccinations completed during 1956

	Number of children receiving complete vaccination at ages (in years)															
	1-	2-	3-	4-	5-	6-	7-	8-	Total							
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Stretford Municipal Borough	14	8	22	20	23	17	20	25	35	22	14	11	17	14	13	19
															158	136
Urmston Urban District	15	8	25	21	19	13	12	10	23	30	16	8	8	5	16	13
															134	108
TOTAL	29	16	47	41	42	30	32	35	58	52	30	19	25	19	29	32
															292	244

POLIOMYELITIS VACCINATION

Children Registered for Vaccination against
Poliomyelitis during 1956

<u>Year of Birth</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1947	446	510	956
1948	407	393	800
1949	429	409	838
1950	389	373	762
1951	235	256	491
1952	219	195	414
1953	237	226	463
1954	192	182	374
	<hr/>	<hr/>	<hr/>
<u>TOTALS</u>	<u>2,554</u>	<u>2,544</u>	<u>5,098</u>

VACCINATION AGAINST SMALL-POX

The following tables give particulars of the number of Vaccinations performed during 1956 :-

County District	Primary Vaccinations					Re-Vaccinations				
	Age in Years					Age in Years				
	Under 1	1+	5+	15+	Total	Under 1	1+	5+	15+	Total
Stretford M.B.	462	42	11	36	551	-	-	15	96	111
Urmston U.D.	339	22	15	27	403	-	-	10	87	97
TOTAL	801	64	26	63	954	-	-	25	183	208

	By Assistant Divisional Medical Officers			By General Practitioners			Total		
Age in years	Under 5	5+	15+	Under 5	5+	15+	Under 5	5+	15+
Primary Vaccination	345	3	-	520	23	63	865	26	63
Re-vaccination	-	1	1	-	24	182	-	25	183
TOTALS	345	4	1	520	47	245	865	51	246

AMBULANCE SERVICE

AMBULANCE STATIONS :

STRETTFORD	- Talbot Road, Old Trafford.) Telephone Trafford 3737
URMSTON	- Church Road, Urmston	

The following table shows the work done during 1956 :-

	Number of		Number of Cases:				Mileage
	Amb.	Cars	Emer- gency	General	* Others	Total	
Stretford	4	2	1,766	14,591	6,297	22,654	95,070
Urmston	3	2	1,383	11,481	7,238	20,102	82,185
TOTAL	7	4	3,149	26,072	13,535	42,756	177,255

* Includes children attending Occupation Centre,
Handicapped Persons, etc.

In past years the out-patient conveyed to hospital and returned home the same day has been recorded for general statistical purposes as one case.

In the above statement such a person has been recorded as two cases in accordance with the definition of the Ministry of Health (Annual Ambulance Costing Return).

P R E V E N T I O N O F I L L N E S S ,
C A R E A N D A F T E R - C A R E

HEALTH EDUCATION

Personal contact with the public is still considered to be the most satisfactory method of health education. Assistant divisional medical officers and health visitors continued to give advice on matters concerning health.

Literature and posters have been distributed and exhibited on all suitable occasions.

Lectures on mothercraft to school-girls in both Stretford and Urmston are given by Health Visitors. This method of teaching is appreciated by the girls and excellent co-operation is received from the teaching staffs.

The Mobile Cinema van provided by the County Health Committee has again shown health educational films in the division on several occasions during the year, including the Stretford Pageant at Longford Park and the Urmston Show at Abbotsfield Park. This type of propaganda attracts large numbers of people, and is considered to be a very effective method of health education.

CONVALESCENT HOMES

During 1956, arrangements were made for twenty-five persons to have convalescent treatment in accordance with the County Council's scheme. Charges to applicants are assessed according to their financial circumstances.

PROVISION OF NURSING EQUIPMENT AND APPARATUS

A quantity of nursing equipment and apparatus is held by the district nurses, and, along with that stored at the Divisional Offices, has been in constant demand for loan to patients being nursed at home. There is evidence that this service is appreciated by the public. Further supplies of equipment are requisitioned as required.

The equipment available includes the following articles :-

Bed Cradles,	Commodes,
Beds, hospital type,	Crutches,
Mattresses,	Air cushions,
Bed Pans,	Feeding cups,
Bed rests,	Inhalers,
Hot water bottles,	Sheeting, rubber,
Bowls,	Steam kettles,
Wheel chairs,	Urinals,
Fireguards.	

TUBERCULOSIS

The tuberculosis health visitors work in close co-operation with the Chest Physicians.

Summary of the work of tuberculosis health visitors for the year 1956 :-

Staff: Mrs. K.M. Connor, S.R.N.
 Mrs. H.A. Savage, S.R.N.

Number of dispensary sessions attended ... 276

Number of visits to all cases:-

(a) Routine Visits -

(i) New cases and contacts ... 305

(ii) Old cases and contacts ... 2,616

(b) Unclassified Home Visits ... 419

(c) Ineffective visits 437

TOTAL visits to all cases 3,777

B.C.G. VACCINATION

PROTECTION OF CHILDREN AGAINST TUBERCULOSIS

Number of B.C.G. Vaccinations by Chest Physicians

AGE GROUPS	Under 2 years of age	2 - 4 years inc.	5 - 14 years inc.	15 years of age and over
No. of persons tested for suitab- ility for B.C.G. vaccination.	25	27	89	21
Number found negative	19	15	44	8
Number of persons vaccinated	27	14	54	2

B.C.G. Vaccinations of School Leavers by Asst.
Divisional Medical Officers

	No. of Schools	No. of children		
		Tuberculin Tested	Found Negative	Vaccinated with B.C.G.
Main B.C.G. Vaccination	4	324	258	252

LAUNDRY SERVICE:

A laundry service for incontinent patients was introduced in the Division in March, 1956. Up to the end of 1956, twenty-five patients received assistance.

Patients are carefully selected and those considered to be in need are issued with a sufficient supply of bed linen on loan in order that a twice weekly delivery and collection is able to meet their requirements.

Patients are assessed to pay towards the cost of the service according to their means. In 1956, in all but two cases, no charge was made.

The bed linen used for the purpose of the scheme is purchased from the West Manchester Hospital Management Committee, who have agreed to the laundering being carried out at one of the hospitals under their control. A motor van, and driver, is hired from the Stretford Corporation for the collection and delivery, which is carried out on Tuesdays and Fridays each week.

The quantity of bedding issued in each case is recommended by the District Nurse in attendance.

The following statement gives particulars of the type and duration of each case benefiting by the service in 1956.

<u>Type of Illness</u>	<u>Duration</u>	
Cerebral Haemorrhage	33 weeks	Still receiving service at 31/12/56.
	18 weeks	Discontinued.
	12 weeks	Patient died.
	6 weeks	" "
	6 weeks	Still receiving service at 31/12/56
	5 weeks	Patient died.
Senility	17 weeks	Still receiving service at 31/12/56
	13 weeks	- ditto -
	23 weeks	Patient died
	14 weeks	Patient admitted to hospital.
Carcinoma	2 weeks	Patient admitted to hospital.
	1 week	Patient died
	3 weeks	- do -
	2 weeks	- do -
	7 weeks	- do -
	8 weeks	- do -
	4 weeks	- do -
	2 weeks	- do -
	2 weeks	Still receiving service at 31/12/56.
Fractured Femur (senility)	12 weeks	Discontinued.
	12 weeks	Patient admitted to hospital.
	15 weeks	- ditto -
Prolapse (Senility)	16 weeks	Still receiving service at 31/12/56.

LAUNDRY SERVICE (continued):

<u>Type of Illness</u>	<u>Duration</u>	
Cerebral Thrombosis	10 weeks	Still receiving service at 31/12/56.
Paralysis	26 weeks	Still receiving service at 31/12/56.

AGE GROUPS:

<u>Years of Age</u>	<u>No. of Cases</u>
30 yrs. to 40 yrs.	1
40 " " 50 "	1
50 " " 60 "	2
60 " " 70 "	5
70 " " 80 "	10
80 and over	6
	<hr/>
Total -	25
	<hr/> <hr/>

HOME HELP SERVICE

Home Help Organiser: Mrs. M. I. Healey

Category	Total No. of cases attended	Attendance given during the year 1956:						
		No. of actual hours	No. of actual case days	No. of actual case weeks	Average number of :-			
			Hours per case	Days per case	Hours per day per case	Days per week per case	Weeks per case	
<u>Confinement:</u> At home Away from home	15	745	130	36	49.7	8.7	5.7	3.6
	16	514	129	46	32.1	8.1	4.0	2.8
<u>Chronic Sick:</u> Aged 65 years and over Aged under 65 years	34	11,783	3,126	789	346.6	91.9	3.8	4.0
	23	4,334	1,243	314	188.4	54.0	3.5	4.0
<u>Aged and Infirm:</u> Aged 65 years and over	347	60,426	16,623	6,497	174.1	47.9	3.6	2.6
								18.7
<u>Illness and others:</u> Aged 65 years and over Aged under 65 years	45	9,030	2,679	995	200.7	59.5	3.4	2.7
	48	5,953	1,395	541	124.0	29.1	4.3	2.6
								22.1
								11.3
ALL CATEGORIES	528	92,785	25,325	9,218	175.7	48.0	3.7	2.7
								17.5

NIGHT AND EVENING HELPS :

Night and evening helps were provided in necessitous cases. Difficulty is experienced in recruiting suitable helps for this exacting duty.

Total cases dealt with by night helps	Total night attendances	Total cases dealt with by evening helps	Total evening visits
2	6	7	1, 018

HOME HELP SERVICE

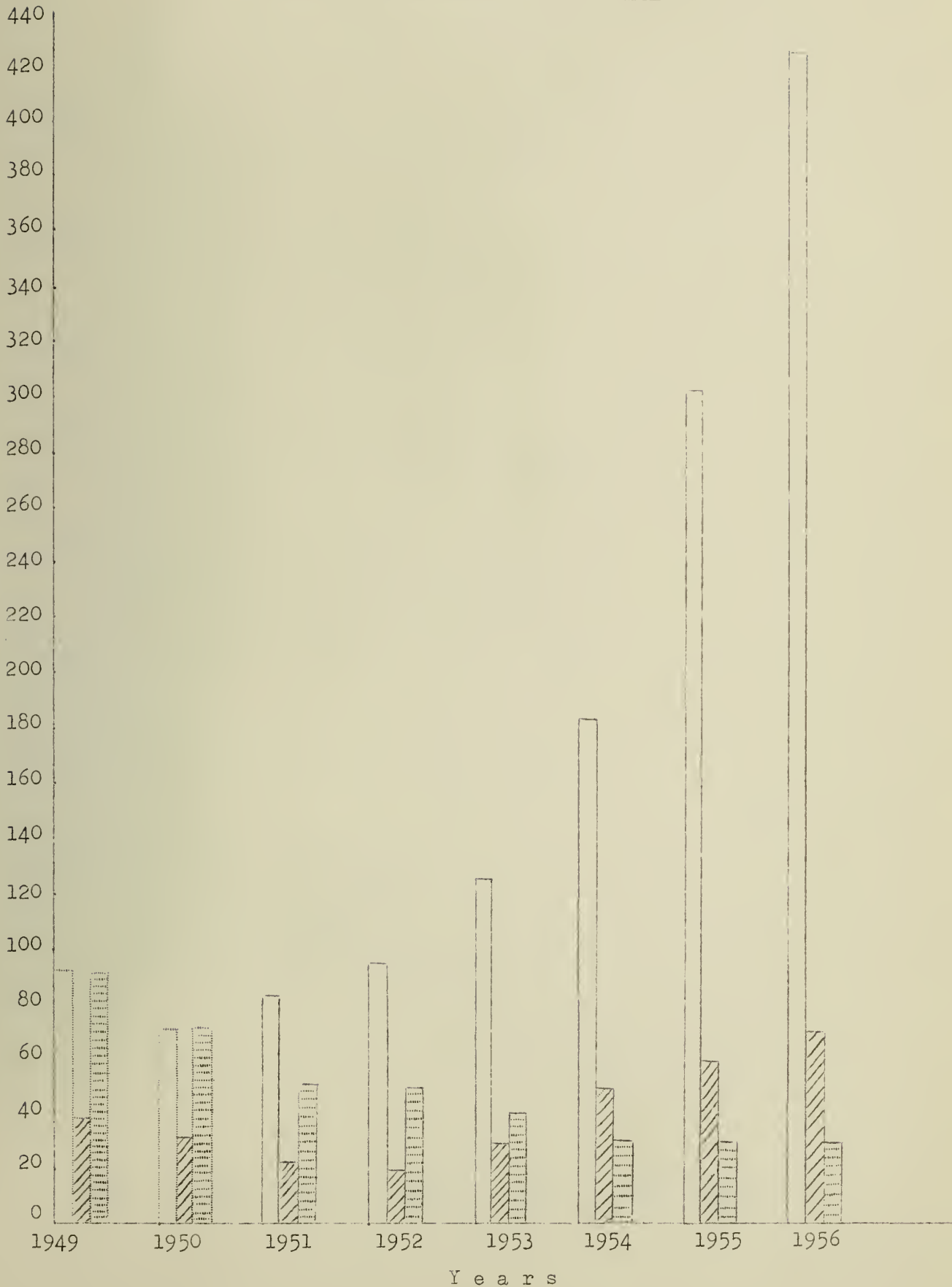
Confinement cases



Sick and infirm under 65



Sick and infirm over 65



HOME HELP SERVICE

Number of hours worked by Home Helps
(Each unit represents 1,000 hours)



M E N T A L H E A L T H S E R V I C E S

MENTAL DEFICIENCY:

<u>Cases</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
(a) Number of new cases reported to be mentally defective during the year 1956	5	2	7
(b) Number of cases admitted to Institutions under Sections 3, 6, 8 and 9 of the Mental Deficiency Act, 1913, during the year	1	1	2
(c) Number of cases placed under Guardianship, Sections 3, 6, 8 and 9 of the Mental Deficiency Act, 1913, during the year	-	-	-
(d) Number of cases in a place of safety under Section 15 of the Mental Deficiency Act, 1913, at 31st December, 1956 ...	-	3	3
(e) Number of cases awaiting institutional care at the 31st December, 1956 ...	14	7	21
(f) Number of cases in community care (excluding cases on licence from Institutions and cases discharged from Institutions or Guardianship) at the 31st December, 1956, viz :-	48	42	90
(i) Under Guardianship	-	-	-
(ii) Under Statutory Supervision ...	46	36	82
(iii) Under Voluntary Supervision ...	1	2	3
(iv) In which no action has been taken but in which contact was maintained	2	4	6

Visits

- (g) Home visits by Mental Health Worker in connection with defectives in the community :-

No. of Visits

(i) Under Guardianship	-
(ii) Under Statutory Supervision ...	584
(iii) Under Voluntary Supervision ...	6
(iv) No action cases	12
(v) On licence from Institutions ...	34
(vi) After-case (discharged from Institutions or Guardianship) ...	17

- (h) Home visits by Mental Health Worker for the purpose of obtaining particulars, on behalf of Hospital Management Committees, on the home conditions, etc., of patients in Institutions in connection with :-

(i) Application for holiday licence on trial and discharge ...	23
(ii) Section 11 of the Mental Deficiency Act, 1913	25

MENTAL ILLNESS:

Cases dealt with by the Duly Authorised Officer under the Lunacy and Mental Treatment Act, 1890/1930, during the year :-

1. Admitted to an Establishment designated for the purpose by the Minister of Health :-
 - (a) On a Three Days' Order under Section 20 of the Lunacy Act, 1890 29
 - (b) On a Justice's Fourteen Days' Order under Section 21 of the Lunacy Act, 1890 ... 28
2. Summary Reception Orders made :-
 - (a) Patient conveyed to a Mental Hospital from another Hospital or Establishment :-
 - (i) Following detention on an Order under Section 20 or 21 of the Lunacy Act, 1890 ... -
 - (ii) Not following detention on an Order under Section 20 or 21 of the Lunacy Act, 1890 ... -
 - (b) Patient admitted direct to Mental Hospital 23
 - (c) In respect of a patient already in the same Mental Hospital :-
 - (i) As a voluntary patient -
 - (ii) Under the provisions of Section 20 or 21 of the Lunacy Act, 1890 -
3. Notified as an alleged person of unsound mind or suffering from mental illness and
 - (a) Dealt with as :-
 - (i) Voluntary patient ... 61
 - (ii) Temporary patient ... -
 - (b) No Order made (excluding cases already shown under 3 (a)) ... 31
4. Transfers from one Mental Hospital to another -

OCCUPATION CENTRE:

In July, 1956, the Stretford Occupation Centre was transferred to new premises in Delamere Avenue, Stretford. The new building, which was previously used as a Civic Restaurant, has been excellently adapted for use as an Occupation Centre by the County Architect.

There is accommodation for 45 pupils and at the end of 1956 there were 41 children attending, including seven from other Divisions. The Centre was open on 194 days, and there were 5,539 attendances during the year.

The children are conveyed to and from the Occupation Centre by ambulances. No charge is recovered for this service.

Each pupil attending the Centre is provided with a hot mid-day meal supplied by arrangement with the Local Education Authority. Charges similar to those operating in ordinary schools are made. No charge is made to pupils whose parents are of poor financial means.

The curriculum at the Centre is designed to provide training in clean habits, good manners, physical development and, where possible, a knowledge of simple manual occupations.

An "Open Day" for parents and other interested persons was held in October, 1956, and many expressions of appreciation of the new premises were received.

Earlier in the year, the Stretford Rotary Club arranged a day's outing to Southport, for the children and their parents.

The Stretford and Urmston Society for Mentally Handicapped Children has kindly offered to present instruments for a percussion band for the use of children attending the Centre. This offer was gratefully accepted by the Divisional Health Committee.

NURSING HOMES

One Nursing Home in the division is registered with the County Council in accordance with the provisions of the Public Health Act, 1936. The Home is inspected by the Divisional medical staff. No infringements of the bye-laws of the County Council have been observed.

AGENCIES FOR THE SUPPLY OF NURSES

Under the provisions of the Nurses' Acts, 1943 and 1945, persons carrying on an Agency for the supply of nurses must be registered with the County Council. There are no such Agencies in this division.

MEDICAL EXAMINATIONS

Medical examinations carried out by the Divisional Medical staff during 1956 included :-

	<u>No. of persons examined</u>
For entry to County Council Superannuation Scheme 	36
For entry to other Local Authority Superannuation and Sickness Pay Schemes ...	72
Free from Infection Examinations ...	43
Children Act, 1948 	78
Mental Deficiency Acts 	3
Employment of children out of school hours	205
Entry to Teachers' Training Colleges, &c.	72
Fitness to resume work 	1

W E L F A R E S E R V I C E S

NATIONAL ASSISTANCE ACT, 1948

Under the provisions of Part III of the National Assistance Act, 1948, the County Council is the Authority responsible for providing accommodation, either permanent or temporary, for persons who, on account of age, infirmity or other circumstances, are in need of care and attention.

"Grangethorpe" Hostel

The Old People's Hostel at "Grangethorpe", 98/100 Talbot Road, Old Trafford, has accommodation for twenty-five persons (thirteen women and twelve men).

This type of accommodation is in great demand and there is a waiting list of applicants for admission.

Allocated Accommodation

There is no "allocated" accommodation for aged persons available in the division. By arrangement, accommodation for 136 persons normally resident in the division was provided at the under-mentioned Institutions and Hostels in other areas during the year 1956.

Accommodation provided - 1956

<u>Institution or Hostel</u>	<u>Responsible Authority</u>
Golbourne House, Golbourne.	Divisional Health Committee No. 10
Penmoor House, Accrington.	- do - No. 5
Bridgewater House, Patricroft.	- do - No. 15
Lakeside, Ashton-under-Lyne.	- do - No. 17
74 Wigan Road, Ormskirk.	- do - No. 7
The Highlands, Wesham.	- do - No. 3
Delphside, Whiston.	- do - No. 10
Redcliffe Hostel, Prestwich.	- do - No. 12
South View, Rochdale.	- do - No. 13
Fairfield Hospital, Bury.	- do - No. 12
Holme Lea, Ashton.	- do - No. 17
Schofield House, Prestwich.	- do - No. 13
Valley View, Rawtenstall.	- do - No. 12
Empress Hostel, Morecambe.	- do - No. 2
Bay View, Lancaster.	- do - No. 2
Thorley House, Wigan.	- do - No. 4
Norcross Hostel, Carlton.	- do - No. 3
The Limes, Standish.	- do - No. 4
The Woodlands, St. Annes.	- do - No. 3
High Carrs Hostel, Roby.	- do - No. 10
The Moorlands, Chorley.	- do - No. 4
Stanley Street, Ulverston.	- do - No. 1
Hornby Children's Home	Lancashire County Council Children's Committee.
Cavendish House, Eccles.	Manchester Corporation.
Newholme, Withington.	- do -
Langho Epileptic Colony.	- do -
Lawnhurst.	- do -
Wentworth, Eccles.	Salford Corporation.
Astoria, Colwyn Bay.	Methodist Home for the Aged.
The Hill, Knutsford.	Cheshire County Council.
Elm Court, Wiltshire.	Wiltshire County Council
Coombe Farm Residential Centre.	National Spastics Society.

<u>Institution or Hostel</u>	<u>Responsible Authority</u>
David Lewis Epileptic Colony.	Voluntary Organisation
St. Mary's Home, Moston.	- do -
Mary Ann Scott Home, Southport.	- do -
Derby House, Eccles.	- do -
Sunbeam Home of Rest, Blackpool.	- do -
Laurel Bank, Salford.	Salvation Army.
Oaklands Home for the Blind, Pendleton.	Manchester & Salford Blind Aid Society.
The Elms, Pendleton.	- do -
Pan-y-Bryn, Abergel.	Cripples' Aid Society.
Springfield Hospital, Crumpsall.	Manchester Corporation.
Hatherlow House, Southport.	Hatherlow House Committee.
Beechville, Bolton.	Society of Friends.
Tate House, Harrogate.	Royal National Institute for the Blind.

"Ann Challis" Eventide Home, Urmston.

During the year, in accordance with the provisions of Section 26 of the National Assistance Act, 1948, the Lancashire County Council accepted financial responsibility for the maintenance of 25 elderly ladies at the "Ann Challis" Eventide Home, Stretford Road, Urmston.

HANDICAPPED PERSONS:

A scheme for the welfare of persons who are permanently and substantially handicapped has been promoted by the County Council, and efforts were continued during the year to compile a comprehensive register of all handicapped persons, other than the blind and deaf and dumb, whose welfare is catered for by voluntary agencies acting on behalf of the County Council. At the end of the year, 177 persons were included on the Register and were classified according to disability and age.

During 1956, adaptations were carried out at the residences of 6 registered handicapped persons, and holidays were provided under the scheme, for 25 persons.

The Club for Handicapped Persons which was established at the Flixton Institute in November 1955 continues to flourish. The Divisional Health Committee accepted responsibility for the rent of the premises and provided transport for members who were unable to travel on public vehicles. A number of volunteer motorists also provided transport.

The Divisional Medical Officer, or a member of his staff, regularly attends the Club meetings. Co-operation between the Organisers of the Club and the staff of the Divisional Health Offices, continues to be excellent.

Details of handicapped persons included on the
Divisional Register of Handicapped Persons (General Classes)
as at 31st December, 1956.

Disability	Age Groups										Totals	
	Male					Female					M.	F.
	0-	16-	30-	50-	70-	0-	16-	30-	50-	70-		
A/E			2	10		1			3	1	12	5
F				6	1			2	4	2	7	8
G	3		1	1		2	1		1		5	4
H/L			2	20		1			3		22	4
Q/T			3	14	1	1		1	4		18	6
V	10	4	12	8		8	4	6	8		34	26
U/W	9	1	1	3		3					14	3
X		1	2								3	
Y			1	1							2	
Z			2						2		2	2
Totals	22	6	26	63	2	16	5	9	25	3	119	58
											177	

Code -

A/E	Amputation
F	Arthritis and Rheumatism
G	Congenital malformations and deformities.
H/L	Diseases of the digestive, genito-urinary, heart or circulatory and respiratory systems, and diseases of the skin.
A/T	Injuries and diseases of upper and lower limbs and the spine.
V	Organic nervous diseases.
U/W	Psychoneurosis and psychosis.
X	Tuberculosis (respiratory).
Y	Tuberculosis (other than respiratory).
Z	General diseases and injuries not included above (e.g. asthma, diabetes, malaria.)

WELFARE OF THE AGED

The County Council's Scheme for the welfare of the aged persons in their own homes was introduced at two public meetings - one in Stretford and one in Urmston. Both meetings were addressed by County Councillor Mrs. M. McKemball, J.P., Chairman of the Welfare Services Sub-Committee of the Lancashire County Health Committee, supported by County Alderman H. Lord, M.B.E., J.P., Chairman of the County Health Committee.

The functions of local authorities in the care of the elderly were outlined, and tributes were paid to the work carried out by voluntary organisations in the past.

The following estimates of people of pensionable age living in the Division are of interest.

STRETTFORD:

Persons of pensionable age	...	8,500
Living alone :-		
Men	...	250
Women	...	1,200

URMSTON:

Persons of pensionable age	...	5,160
Living alone :-		
Men	...	138
Women	...	615

It is anticipated that the number of old people in this country will increase from four and a half millions to seven and a half millions during the next twenty-five years, with a resultant expansion of available services which are at present far from adequate.

The Welfare Organiser appointed by the Divisional Health Committee, who commenced duty on the 1st October, 1956, will be mainly concerned in organising and co-ordinating voluntary effort to deal with the care of aged persons in their own homes. A survey of the whole area is envisaged.

Much good and useful work has already been carried out both in Stretford and Urmston to discover and help lonely old people. A survey by voluntary workers in Urmston, organised by Councillor Mrs. R.V. Royle Higginson J.P., has been particularly useful. The County Council are, however, anxious to bring about a complete ascertainment of old people living in the area and to ensure that none live in loneliness and isolation and consequently that none lack, through want of knowledge, any service of which they may be in need. The simplest and really the only effective manner in which this can be effected is for every area to have a voluntary group leader and through that leader a thorough survey of all old people in the area. This entails the dual purpose of discovery and relief and to make it effective it is essential that there should be a proper system of recording at the Divisional Office. A simple form for completion by the Voluntary Visitor is available for this purpose.

Many old people will be found to be in no need of any specific service, but they should be encouraged to avail themselves of the opportunities afforded by the various Old People's Welfare Organisations which help so considerably, by encouraging social contacts, to maintain their zest and interest in life and to form friendships with their contemporaries, for it is when social contact is lost that loneliness and depression can cause such a deterioration in their circumstances. Other cases may be found to require friendly visiting due to physical inability to go out very much. In some cases it is hoped that voluntary visitors will be prepared to assist by performing minor services such as shopping, changing library books, helping with correspondence, mending, etc. A third group may be found to require more assistance than can be provided from voluntary sources and in these cases endeavours will be made to provide a home help, a district nurse or help with obtaining a supplementary pension and in extreme cases (through the doctor) admission to Hospital, or to a Hostel. This third group will be visited by the Health Visitor who is the professional case worker, to whom the voluntary visitors should refer for advice and assistance.

This ascertainment is a continual process and the numbers will increase week by week. The Ministry of National Insurance and the National Assistance Board have both agreed to the inclusion with all new Pension and Supplementary Pension Books of a pre-paid business reply card provided by the Divisional Health Committee. It is only necessary for the pensioner to write his or her name and address on the card and post it, for his name to be included in the Divisional records and passed to the District Voluntary Committee. The pensioner is asked to mark the post card with a cross in the space provided for the purpose if an early visit is required. The scheme provides that upon receipt of a completed card from a new pensioner the initial visit should be performed by a voluntary visitor. In practice, the visiting has been done so far by members of the staff of the Divisional Health Committee, but it is anticipated that as the scheme becomes effective only cases requiring a trained case worker will be visited by officials.

It will be seen that once the initial comprehensive survey has been completed it should be a comparatively simple matter to keep the information up to date.

Residential Accommodation:

The shortage of residential accommodation is most acute, and it is most difficult to find suitable accommodation for many of the aged persons who are in need of care and attention. There are also numerous cases where the presence of an aged person is a great strain on the health of relatives and causes a great deal of friction in the home. Until further hostel accommodation is available, very little can be done to alleviate these conditions.

The waiting list for residential accommodation is 3 MEN and 18 WOMEN, but this does not present a true picture of the need. If more accommodation were available, it is anticipated that many more applications would be received. This lack of accommodation has, of course, a dampening effect on the enthusiasm of voluntary workers who refer cases for admission to hostels, but find that little can be done to provide accommodation.

